

State of Montana Department of Labor and Industry
Independent Contractor Exemption Certificate Application
WAIVER of Workers' Compensation Benefits

Instructions: Sign this waiver only if you understand, agree to, and initial all the following statements:

I, _____, am executing this waiver in order to apply for an independent contractor exemption certificate with the Montana Department of Labor and Industry (Department).

_____ I agree to waive all the rights and benefits to which I am entitled under Montana's Workers' Compensation Act (Act), Title 39, Chapter 71, MCA, for any work performed under an independent contractor exemption certificate. I understand and agree that if I am injured while working for a hiring agent, I am precluded from obtaining workers' compensation benefits under the Act for any and all damages arising out of any injury related to my work performance under an independent contractor exemption certificate. I understand and agree that if I am fatally injured related to my work performance under an independent contractor exemption certificate, this waiver is effective against any of my beneficiaries as designated under the Act. I understand this waiver is not necessary for workers' compensation purposes if I elect to obtain workers' compensation insurance for myself as provided by the Act.

_____ I understand and agree that if my independent contractor exemption certificate is granted, I will be conclusively presumed in court to have waived all benefits under the Act for work performed under the certificate.

_____ I have an independently established trade(s), occupation(s), profession(s), or business(es) and I have provided accurate and truthful documentation to the Department to verify the existence of this occupation(s) in my affidavit application.

_____ When acting as an independent contractor, I agree to maintain my status as an independent contractor by being free from control or direction over the performance of my services and the details of my work, both under contract and in fact. I agree hiring agents will only be permitted to offer direction and exercise control in matters essential to specifying the end result. I understand that while performing work under my independent contractor exemption certificate that I am waiving workers' compensation benefits unless I have a written or oral agreement to work as an employee for that hiring agent.

_____ I understand and agree that I am responsible for all taxes related to my work as an independent contractor.

_____ I understand the Department has the authority to investigate my working relationships as an independent contractor and may suspend or revoke my independent contractor exemption certificate if appropriate.

_____ I am of sound mind, I am 18 years of age or older, I have read and understand this waiver, and I am voluntarily and knowingly executing this waiver free from duress, coercion, or misrepresentation from any person.

By signing this waiver, I understand and agree that I WAIVE ALL STATUTORY RIGHTS AND BENEFITS THAT I AM ENTITLED TO UNDER MONTANA'S WORKERS' COMPENSATION ACT.

By: _____ Dated: _____
Applicant Signature

SUBSCRIBED before me this ____ day of _____, 20__.

Signature of Notary Public

Printed Name of Notary Public

Residing at _____,

My commission expires _____

(Notarial seal)

IC Waiver May 2005